

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ OCT 15 2020 ★

BROOKLYN OFFICE

20-CV-4159

KUNTZ, J.  
BLOOM, M.J.UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff,

[Insert full name of plaintiff/prisoner]

ERIC JACKSON

-against-

Andrew Cuomo

Supt. Leroy Fields

Beverly Lockwood

NYS Division of Parole Brooklyn #2

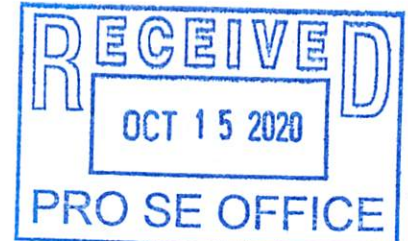
Anthony J. Annucci

Board of Parole NYS  
Defendant(s).

## CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

\* I'm Suing all defendants in there official an individual Capacity.

- I. Parties: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff ERIC JACKSON

If you are incarcerated, provide the name of the facility and address:

FISHKILL Correctional Facility.

Prisoner ID Number: 17A3377

If you are not incarcerated, provide your current address:

---

---

---

Telephone Number: 

---

**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Andrew Cuomo  
Full Name

NYS Gov  
Job Title

---

  
Address

Defendant No. 2

Supt. Leroy Fields  
Full Name

Supt of Fishkill Correctional Facility  
Job Title

---

  
Address

Defendant No. 3

Beverly Lockwood  
Full Name

ORC  
Job Title

Address

Defendant No. 4

Full Name

NYS Division of Parole Brooklyn #2

Job Title

NYS Division of Parole DOCS

Address

Defendant No. 5

Full Name

Anthony J. Annucci

Job Title

Commissioner of DOCS

Address

II.

Statement of Claim:

*\*I'm Suing all defendants in there official an individual capacity.*

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? FISHKILL Correctional Facility

When did the events happen? (include approximate time and date) April 4, 2020 -

October 5, 2020

Facts: (what happened?) The board of parole is violating my Civil rights, because I maxed out on my jail time. They put SARA on me to prevent me from being released. Everyone is holding me. Bellevue has already said they will house me in accordance w/ the Sara law. DOCCS is acting as a gate keeper refusing to release or deliver me to bellvue. Supt. Leroy Fields is knowingly denying my release due to me not having a Sara Compliant Address. He refuses to have me delivered to a compliant shelter. Beverly Lockwood meets with me once every two weeks only to ask me if I have an address to purpose. She is suppose to Asst me with my release which she has not done ~~any~~ Anything. I've asked her to have me delivered to bellvue and she told me no. NYS Division of parole Brooklyn #2 my family has continuously reach out to parole. They dont ~~asser~~ answer the phone most of the time in when they do they say there's nothing they can do to help. I've put in addresses and parole ~~then~~ went to do the house check and before they left they told my sister that the address was approved. Only to deny it later. They also told my family that they can legally hold me in prison for the remainder of my parole time if no address is obtained.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

This situation has effected me and my family. Causing me to use phyc meds. It's put a mental strain on me, and all my love ones.

6.) NAME Board of parole NYS  
JOB TITLE Board of parole NYS

### Facts (what happened)

5.) Anthony J. Annucci

I've written letters to him about me being held past my max date due to Sara law. Asking him to release me to a shelter.

Only for him to tell me there's nothing he can do, and that my ORC is responsible for helping me with my situation

6.) Board of parole NYS

They violated my rights by piling Sara on me past my max release date. Having nowhere to release me. Basically turning my determinent sentence to a indeterminent sentence.

III. Relief: State what relief you are seeking if you prevail on your complaint.

To be released, and compensated.

Andrew Cuomo I want A Hundred Thousand Dollars.

Supt. Leroy fields I am Seeking A Hundred Thousand Dollars.

Beverly Lockwood I am Seeking fifty Thousand dollars

NYS Division of Parole Brooklyn #2 I am Seeking A Hundred Thousand Dollars

Anthony J. Annucci I am Seeking A Hundred and fifty Thousand dollars.

Board of parole NYS I am Seeking A Hundred fifty Thousand dollars.

I declare under penalty of perjury that on 10-5-2020, I delivered this  
(date)  
complaint to prison authorities at FISHKILL Corrections to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 10-5-2020

Eric Jackson  
Signature of Plaintiff

FISHKILL Correctional Facility  
Name of Prison Facility or Address if not incarcerated

19 Street  
FISHKILL Correctional Facility  
P.O Box 1245 Beacon, NY 12508  
Address

17A3377  
Prisoner ID#

**FISHKILL CORRECTIONAL FACILITY**

**BOX 1245**

**BEACON, NEW YORK 12508**

**NAME:** Eve Jackson **DIN:** 17A33377

**FISHKILL**

**CORRECTIONAL**

**FACILITY**

**neopost**

**10/06/2020**

**US POSTAGE**

**\$000.65**

**FIRST-CLASS MAIL**



**ZIP 12508**

**041L11251113**

Clerk of U.S. District Court  
Eastern District of New York

225 CADMAN PLAZA EAST  
Brooklyn, NY 11201

**USNS**

1120181892 0030

